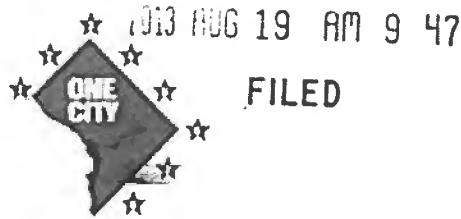


GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF MENTAL HEALTH SERVICES
CRIMINAL DIVISION



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August 19, 2013

The Clerk, Criminal Division
Superior Court of the District of Columbia
500 Indiana Avenue, NW, Room 4110
Washington, D.C. 20001

Re: Raynaud Cook
Case #: 2012 CF1 11250, 2012 CF3 11208, and 2013 CF1 9030

Dear Sir or Madam:

In response to a court order, I conducted a competency examination of Mr. Reynaud Cook on August 15, 2013 in the D.C. Superior Courthouse cellblock. The purpose of this examination was to assist the Court in its determination of the defendant's competency to stand trial. Mr. Cook identified himself as a 29-year-old man currently facing several charges of Murder. According to the Order for Preliminary Screening, this examination was ordered because "the defendant exhibits odd and bizarre behaviors, has problems understanding procedures, and apparently has low intellectual functioning."

This report is based on a 50-minute interview with the defendant and review of the Mental Competency Screening Examination Order, Pretrial Services Agency Report, Criminal Rule 112, the U.S. Attorney's Statement of Charges, the Gerstein proffer, information from the D.C. Department of Mental Health's Computerized Information System, urine drug screening test results, medical records from the Central Detention Center, letters generated by this writer on May 30 and 31, 2013, a supplemental Gerstein prepared by Detective Darryl Richmond, a CD containing an advisement of the

defendant's rights, a five page report from the Patton Township in Pennsylvania, an affidavit of probable cause, a three page report completed by Officer Sunderland of the Patton Township, and a report from the State College Police Department. Mr. Cook was informed of the nature and purpose of this examination and the limits of confidentiality.

When the evaluator attempted to examine Mr. Cook on May 30th and 31st, 2013, the defendant reiterated several times that "he did not understand what was going on" and was instructed to "maintain his silence." He also conveyed that Mr. Quillin was not his assigned attorney. Efforts by the evaluator to engage the defendant in a competency examination were unsuccessful.

Prior to the commencement of this examination, the defendant was observed by the evaluator engaged in fluid conversation with other inmates in a shared cell. After a Marshal informed the defendant that he was being transferred to an individual cell to participate in an examination, his presentation shifted. The evaluator introduced herself with a colleague and explained the purpose of the evaluation. During the psychosocial portion of the examination, Mr. Cook responded to questions in a delayed manner and presented as though he was confused. He appeared to be exaggerating cognitive deficits. Mr. Cook conveyed that he was diagnosed with Schizophrenia. When queried about his psychiatric symptoms, his responses were evasive. For example, Mr. Cook endorsed auditory hallucinations. When asked to be specific, he replied, "Not now [he was not hearing voices at that time]." When asked about the last time he heard voices and to elaborate on his assertion, he stated, "I don't know." Mr. Cook also endorsed visual hallucinations. He verbalized, "I feel like I do. Different faces...someone I have never met." Mr. Cook admitted that he is anxious about his criminal proceedings. He also reported that he is paranoid "all the time." When asked to elaborate, he replied, "I am skeptical of people. Someone has been trying to do something to me since the day I was born." He also reported that the television and radio were "telling him what's going on or about to happen." Mr. Cook verbalized, "My lawyer has not been able to do anything. He told me he was going to get me checked by St. Elizabeths. I am supposed to go there. To see if I am competent." He denied homicidal and suicidal ideations. It is noteworthy to mention that the evaluator did not observe any of the symptoms he endorsed during the course of our meeting. As the evaluation progressed, his level of engagement markedly improved and his presentation changed. Mr. Cook's confusion and exaggeration of cognitive abilities decreased. Mr. Cook was alert and was not in acute distress. His psychomotor activity was relaxed. He made adequate eye contact with the evaluator. His speech was articulate, and normal in rate, pace, and tone. He described his mood as relaxed. His affect was appropriate to matters discussed. The defendant conveyed that he was receiving psychiatric treatment at the detention center.

Mr. Cook's attention and concentration were unimpaired. His recent and remote memory was unimpaired. His immediate recall was within normal limits. His delayed recall was impaired. His ability to compute mathematical computations was unimpaired. Exercises to assess his social judgment were within normal limits. Mr.

Cook informed the evaluator that he graduated from high school. He reportedly worked as a carpet cleaner for a company called "Init2winit" for seven years. He also provided his mother's name and contact information.

According to the D.C. Department of Mental Health's computerized consumer information system, Mr. Cook had two contacts with the public mental health system. Mr. Cook was admitted to St. Elizabeths as a civil admission on October 1, 2007. Collateral data indicated that the police escorted Mr. Cook to CPEP along with his mother. Ms. Cook informed staff that her son has a history of depression and had been suicidal. Apparently, Mr. Cook called his girlfriend and said "goodbye." His mother observed him in the kitchen "looking at knives and was selectively mute." Upon his arrival to CPEP, Mr. Cook presented with a flat affect and was not responding to questions. Subsequently, he became combative and required four point restraints. His mother informed staff that her son was evaluated as an adolescent for anger management. Mr. Cook was prescribed Depakote and Zyprexa and his symptoms subsided. He was diagnosed with Major Depressive Disorder and Psychotic Disorder, NOS. Mr. Cook was discharged on October 9, 2007.

Mr. Cook's second admission to the hospital occurred on August 3, 2009. Dr. Fox completed an emergency petition as his mother reported that her son was very agitated, sleepless, hallucinating, and threatened to kill himself. Dr. Fox noted that Mr. Cook has a history of schizophrenia, noncompliance with medication, and drug use. Mr. Cook was home when he began hearing voices and felt threatened by people around him. He was admitted to Providence Hospital for one day and transferred to PIW for extended care. While at PIW, staff attempted to administer an intramuscular medication and he expressed dissatisfaction with their decision. He stated, "They were trying to kill me so I tried to run pass the gate," Upon admission to St. Elizabeths, Mr. Cook expressed anxiety and sadness because he was not with his family. He endorsed panic attacks and symptoms associated with PTSD. His history is remarkable for at least three suicide attempts. Mr. Cook was prescribed medication and his symptoms improved. He was diagnosed with Psychotic Disorder, NOS, with a rule out of Schizophrenia, Paranoid Type, and Cannabis Dependence. The treatment team recommended that the defendant remain in the hospital for appropriate discharge planning. However, the defendant's public defender persuaded him to leave immediately since DC Superior Court dismissed his case. He was discharged on August 6, 2009 with a recommendation that to follow up with Volunteers of America for outpatient treatment.

Medical records from the Central Detention Facility indicated that Mr. Cook has been diagnosed with Mood Disorder, NOS and Substance Abuse (multiple). His medication regimen consists of Risperdal and Depakote. On July 29, 2013, Dr. Mbachu evaluated Mr. Cook where he stated, "Sometimes I am calm and sometimes I am anxious." His mental status examination was noted as within normal limits. Dr. Mbachu described Mr. Cook as cognitively intact. He shared with the psychiatrist that he was "doing better." Mr. Cook also reported that, "he is anxious about his lawyer and not sure if he is against

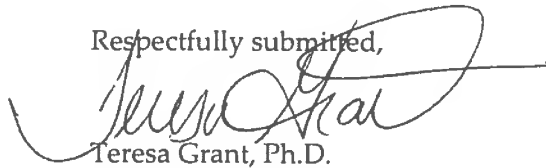
him." Mr. Cook reported that he hallucinates and sometimes thinks that people are listening to his thoughts. Dr. Mbachu provided supportive counseling and Mr. Cook's medications were continued. Dr. Mbachu noted that he would follow up with the defendant in four weeks.

Regarding his substance abuse history, Mr. Cook reported that he smoked Marijuana and K-2 daily. He also conveyed that he consumed alcohol every other day. When confronted about whether he abused bath salts as detailed in police reports from Pennsylvania, Mr. Cook laughed and conveyed, "I did not do that. The police came up with that." He briefly discussed with the evaluator the period of time he spent in Pennsylvania when he absconded from the area.

The defendant identified each of his charges and conveyed that he understood the nature and gravity of the charges pending against him. He thoroughly reviewed each police report and stated, "The ones you have are different from the ones that I have." He also asserted, "These are different from the ones you showed me last time." The evaluator asked the defendant how he was able to remember that the evaluator attempted to evaluate him in May when he consistently asserted, "he did not understand what was going on." Mr. Cook laughed and replied, "I did not have my medication yet." He is aware of the various plea options available to a defendant and discussed his intended plea. Mr. Cook is aware of the various roles of courtroom personnel, the function of a jury, the role of a witness, and how evidence is used in criminal proceedings. Additionally, he accurately discussed the concept of a plea bargain. Regarding his attorney, Mr. Cook expressed to the evaluator several times his desire to be represented by new counsel, in particular, Mr. Charles Allen. Mr. Cook conveyed that he does not have a collaborative relationship with his current attorney, Mr. Quillin. Mr. Cook stated, "I do not feel he is assisting me the way I want. I like it when things are broken down to my understanding." Mr. Cook reported that he is willing to express to the court his desire for new counsel. There was nothing during the course of our current meeting that would indicate the defendant would be unable to demonstrate appropriate courtroom behaviors.

It is the evaluator's opinion that at this time, the defendant is competent to stand trial. Cognitive, mental health, and substance abuse factors did not compromise his ability to demonstrate a factual or rational understanding of his criminal proceedings and an ability to consult with counsel in the preparation of his defense (if he so chooses). It may be prudent to discuss with the defendant his decision to ascertain new counsel to minimize the behaviors he has exhibited that have impeded his legal proceedings. Moreover, he should continue to receive psychiatric treatment at the detention center to ensure that he remains competent to stand trial.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Teresa Grant', with a long horizontal flourish extending to the right.

Teresa Grant, Ph.D.

Licensed Clinical Psychologist